

Plea	ase Select One:
	New Application
	Renewal of existing Fictitious Firm Name

## **Certificate of Business: Fictitious Firm Name**

	Please Print or Type		
The expiration date for such certificates shall exp	ire after five years from the da	ate of filing.	
The undersigned do/does hereby certify that			
	name exactly as it is registered with the	•	
with a mailing address of			
s/are conducting business in Clark County, No	evada, under the fictitious na	ame of	
(Fictitio	ous Firm Name or Doing Business As)		
and that said firm is composed of the following	g person(s) whose name(s) a	and address(es) are as follows:	
contract.			
Full Name and title (Type or Print)	Signature	Date	
Full Name and title (Type or Print)  Street Address of Business or Residence	Signature  City, State, Zip	Date	
Street Address of Business or Residence		Date	
		Date	
Street Address of Business or Residence	City, State, Zip		
Street Address of Business or Residence  [2)  Full Name and title (Type or Print)  Street Address of Business or Residence	City, State, Zip  Signature	Date	
Street Address of Business or Residence  [2]  Full Name and title (Type or Print)  Street Address of Business or Residence  For addition	City, State, Zip Signature City, State, Zip City, State, Zip	Date	
Street Address of Business or Residence  [2]  Full Name and title (Type or Print)  Street Address of Business or Residence  For addition  STATE OF	City, State, Zip Signature City, State, Zip City, State, Zip	Date	
Street Address of Business or Residence  [2]  Full Name and title (Type or Print)  Street Address of Business or Residence  For addition	City, State, Zip Signature City, State, Zip all owners, please use addition	Date nal pages	
Street Address of Business or Residence  [2]  Full Name and title (Type or Print)  Street Address of Business or Residence  For addition  STATE OF	City, State, Zip  Signature  City, State, Zip  nal owners, please use addition  S:	Date  nal pages  (Date)	
Street Address of Business or Residence  [2]  Full Name and title (Type or Print)  Street Address of Business or Residence  For addition  STATE OF	City, State, Zip  Signature  City, State, Zip  nal owners, please use addition  S:	Date  nal pages  (Date)	

Mail to: Lynn Marie Goya, County Clerk, Attn. FFN, Box 551604, Las Vegas NV 89155-1604 Include: Filing Fee of \$20.00 payable to County Clerk, completed certificate and a self-addressed stamped envelope